

|   |  |  |              |               |
|---|--|--|--------------|---------------|
|  | Document title   |  | Form no.     | FPA-FRD-F08   |
|   | <b>APPLICATION FOR MANGO FLOWER INDUCER<br/>CONTRACTOR</b> |  | Revision no. | 2             |
|   |  |  | Date         | 09.24.2018    |
|   |  |  | Author       | S.A.Binobo    |
|   |  |  | Approved by  | J.B.Lansangan |
|   |  |  | Page         | 1 of 2        |

**Reminder: Please fill out the form completely and legibly**

Attachments:

1. Recommendation from Regional/Provincial Officer
2. License fee of Php1200 (Php600 for Mango Contractors Association member)
3. Mayor's Permit
4. Certification of Training for Mango Contractor

|                 |  |
|-----------------|--|
| Date Received   |  |
| Date Processed  |  |
| Application No. |  |
| Amount Paid     |  |
| OR Number       |  |
| OR Date         |  |

(to be filled out by FRD)

| 1. APPLICANT INFORMATION |         |
|--------------------------|---------|
| a. Name                  | : _____ |
| b. Address               | : _____ |
| c. Contact number        | : _____ |
| d. Company               | : _____ |
| e. Company Address       | : _____ |
| f. Capitalization        | : _____ |
| g. Area of Coverage      | : _____ |

| 2. List of Chemicals Used for Flower Induction |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

| 3. Source/Supplier of Chemicals |  |  |
|---------------------------------|--|--|
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

| 4. Equipments used for operation |  |  |
|----------------------------------|--|--|
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |

|  |  |
|--|--|
| <b>5. How long have you been a contractor?</b> |  |
|--|--|

| 6. Safety measures employed in handling of fertilizer |  |
|---|--|
|   |  |
|   |  |
|   |  |

| 7. Name of personnel with training or experience on application |  |
|---|--|
|   |  |
|   |  |
|   |  |

| 8. Place and date of FPA Training |      |
|-----------------------------------|------|
| Place                             | Date |
|                                   |      |
|                                   |      |
|                                   |      |

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**CONSENT TO PROCESS AND SHARE DATA**

*In compliance with the Data Privacy Act, I hereby give my consent to the Fertilizer and Pesticide Authority to share my contact details to the public for whatever legal purpose it may serve.*

\_\_\_\_\_  
Signature over Printed Name of the Applicant

I HEREBY CERTIFY that the foregoing data and information including those in the annexes hereof are true and correct to the best of my knowledge.

IN WITNESS WHEREOF, I have hereunto set my hand this day of \_\_\_\_\_ year \_\_\_\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
Name and Signature of the Applicant

**REPUBLIC OF THE PHILIPPINES**

**PROVINCE OF** \_\_\_\_\_

**MUNICIPALITY/CITY OF** \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_ at \_\_\_\_\_, Philippines. Affiant exhibited to me his/her Residence Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Until \_\_\_\_\_

PTR NO. \_\_\_\_\_

(Original should bear documentary stamp)